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BCBSM Physician Group Incentive Program (PGIP)

Provider Organization Progress Report

Due February 29, 2008

READ THIS FIRST: [Instructions For Completing PGIP Progress Report](#)

For each Initiative selected, BCBSM PGIP Provider Organizations (POs) are expected to complete and submit Progress Reports three times per year. (Please see "Deliverables Due Dates" tab for information on other required deliverables.) Later in the year, we plan to transition to an online Progress Report. In the meantime, POs should use this Excel spreadsheet to complete their Progress Reports.

Time Period Covered by Report	Progress Report Due Date	Payment Date
Nov 2007 - Feb 2008	29-Feb-08	April 2008
Mar - Jul 2008	31-Jul-08	September 2008
Aug - Oct 2008	31-Oct-08	January 2009

This Excel file contains Progress Report templates for the PO Overview, and for each PGIP Initiative. Each PO should complete the PO Overview and the worksheets for each initiative they have chosen. Click on the colored tabs at the bottom of the screen to open up each worksheet. (Use the arrow keys in the bottom left corner to scroll to see additional tabs)

Complete the "PO Overview" tab first. Doing so will populate demographic fields on each sheet and save you time.

Enter your responses ONLY in the fields outlined with a blue dashed line. Be specific and concise in your responses.

For easier navigation among tabs, you may delete the tabs for those Initiatives with which your PO is not participating this year [click on tab, right-click & select delete].

Save the file using the following file-naming convention: [Your Organization Name] Progress Rpt 2008-MM-DD. For example: "[Organization Name] Progress Rpt 2008-02-29" would be the way you'd name the February 29 document.

Please submit Progress Report by attaching it to an email with subject heading "[Your Organization Name] Progress Report" and send to providerpartnerships@bcbsm.com

QUESTIONS? Please email providerpartnerships@bcbsm.com or call Linda Mackensen at 248-448-5457.



BCBSM Physician Group Incentive Program (PGIP)

Provider Organization Deliverables


In addition to the **Progress Report**, POs will also be expected to complete a **Self-Assessment** and an **Implementation Plan** for each Initiative selected. Due dates for the Self-Assessment and Implementation Plan vary by initiative; please refer to the timetable below. Templates for these documents can be found at the PGIP website at http://www.bcbsm.com/provider/value_partnerships/pgip/

Selecting File/Print/OK in this worksheet will print the Timetable on a single page.

Timetable for PGIP PO Deliverables						
Initiative Name	Due Dates for Year 1 of Participation			Due Dates for Year 2 and Subsequent Years		
	February 29	July 31	October 31	February 29	July 31	October 31
Generic Drugs	Progress Report Self-Assessment Implementation Plan	Progress Report	Progress Report	Progress Report Self-Assessment Updated Impl Plan	Progress Report	Progress Report
E-Prescribing	Progress Report Self-Assessment Implementation Plan	Progress Report	Progress Report	Progress Report Self-Assessment Updated Impl Plan	Progress Report	Progress Report
Oncology	Progress Report Self-Assessment Implementation Plan	Progress Report	Progress Report	Progress Report Self-Assessment Updated Impl Plan	Progress Report	Progress Report
Radiology	Progress Report Self-Assessment Implementation Plan	Progress Report	Progress Report	Progress Report Self-Assessment Updated Impl Plan	Progress Report	Progress Report
EBCR	Progress Report Self-Assessment Implementation Plan	Progress Report	Progress Report	Progress Report Self-Assessment Updated Impl Plan	Progress Report	Progress Report
PC-MH Pt-Prov Agreement	Progress Report Self-Assessment Implementation Plan	Progress Report	Progress Report Updated Impl Plan	Progress Report	Progress Report	Progress Report Updated Impl Plan
PC-MH Pt Registry	Progress Report Self-Assessment Implementation Plan	Progress Report	Progress Report Updated Impl Plan	Progress Report	Progress Report	Progress Report Updated Impl Plan
PC-MH Performance Reporting	Progress Report Self-Assessment Implementation Plan	Progress Report	Progress Report Updated Impl Plan	Progress Report	Progress Report	Progress Report Updated Impl Plan
PC-MH Indiv Care Mgmt	Progress Report Self-Assessment	Progress Report	Progress Report Implementation Plan	Progress Report	Progress Report	Progress Report Updated Impl Plan
PC-MH Extended Access	Progress Report Self-Assessment	Progress Report	Progress Report Implementation Plan	Progress Report	Progress Report	Progress Report Updated Impl Plan
PC-MH Test Tracking	Progress Report Self-Assessment	Progress Report	Progress Report Implementation Plan	Progress Report	Progress Report	Progress Report Updated Impl Plan

QUESTIONS? Please email providerpartnerships@bcbsm.com **or call Linda Mackensen at 248-448-5457.**

SCROLL DOWN FOR MORE INFO

	<p align="center">BCBSM Physician Group Incentive Program (PGIP)</p> <p align="center">Provider Organization (PO) Overview Due February 29, 2008</p>
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PLEASE REFER TO "READ THIS FIRST" TAB, THEN COMPLETE THIS SECTION BEFORE MOVING ON TO THE SPECIFIC INITIATIVE REPORTS. If one person is completing all the sections of the Progress Report, please place an "X" in the yellow box in cell G8 below. This will populate the demographic fields on each worksheet and save you time. If more than one person is completing this Progress Report, leave the yellow box blank.

Provider Organization Name:	Sample PO	Enter "X" if the person named below is completing ENTIRE report:	X	
Date report completed:	1/10/2008	Name of person completing this section:	J. Smith	
Email:	jsmith@email.com	Phone Numbers (office/cell):	222-222-2222	333-333-3333

Contact Info

<p>Briefly describe your approach to engaging clinical and administrative leaders in the PO:</p>	<p>Our Medical Director J. Jones is supported for 50% of his total work time, which is fully devoted to participating in planning and implementing system change efforts as an outgrowth of PGIP. Dr. Jones meets regularly with clinical leaders throughout the organization to support their efforts to implement change at the clinic level and to involve them in the process of planning, implementing, and evaluating change efforts. Our Executive Director T. Taylor actively participate in all planning and assessment efforts related to PGIP change efforts and devotes 25% of her time to such activities. Both regularly attend PGIP quarterly meetings. Jones is also an active member of the PC-MH interest group.</p>
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Briefly describe your approach to engaging PO practice group* leaders:

To improve our ability to implement change, our group has been divided into three geographic regions, each comprised of between 5 and 12 practice groups (i.e., individual office sites). Each region has a practice manager and a medical director who are counterparts of the PO's Executive Director and Medical Director. This leadership team meets on a monthly basis in person, plans our involvement in PGIP and regularly discusses PGIP related system improvement efforts. Each Practice Group also has a Medical Director, lead nurse and site administrator (though some of the site administrators serve this role for up to 3 offices). These staff members actively partner with their regional leaders in the implementation and evaluation of change efforts.

*Practice Group is defined as: PGIP physician members of a PGIP Physician Organization who share responsibility for a group of patients in the context of an office practice or other approach to shared clinical responsibilities, clinical information and care processes.

QUESTIONS? Please email providerpartnerships@bcbsm.com or call Linda Mackensen at 248-448-5457.



PGIP Progress Report

Due February 29, 2008

Increasing the Use of Generic Drugs Initiative

PLEASE REFER TO "READ THIS FIRST" TAB and COMPLETE "PO OVERVIEW" TAB BEFORE COMPLETING THIS REPORT. If one person is completing the entire Progress Report, **contact information should be entered in the "PO Overview" tab and will automatically appear below.** Otherwise, please use the fields below to enter information about the person completing THIS SECTION of the report.

Provider Organization Name

Sample PO

Contact Info

Name of person completing this section

J. Smith

Phone Numbers (work/cell)

222-222-2222

333-333-3333

Email

jsmith@email.com

Date Completed

1/10/2008

Name of clinician lead for this Initiative

Name of administrative lead for this Initiative

Have you completed a Self-Assessment of your PO's current capabilities relative to this Initiative? (enter "X" in one box) *[If yes, please attach the completed Self-Assessment to your email.]*

Yes

No

Have you developed an Implementation Plan for this Initiative? (enter "X" in one box) *[If yes, please attach the completed Implementation Plan to your email.]*

Yes

No

Implementation Plan Status (enter "X" in one box)

All Tasks & Steps on Target

All Tasks on Target

Delayed

In Jeopardy

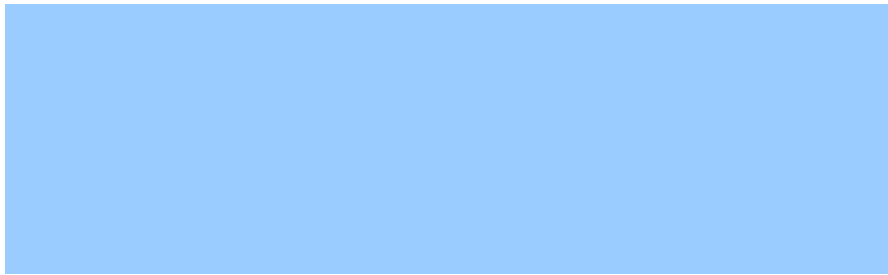
If Implementation Plan Status is "Delayed" or "In Jeopardy", please briefly explain why

Highlight opportunities for improvement based on BCBSM reports provided to your PO

Briefly list strategies that you are using to improve use and cost

Briefly list any barriers encountered in implementing these strategies and plans to overcome barriers

Briefly list major accomplishments for this period



Briefly list methods you used this period to share and collaborate with other PGIP POs on this Initiative (e.g., meetings, teleconferences, webinars)

A large dashed blue rectangular box, serving as a placeholder for text, spanning the right side of the page content area.

Questions about this section? Please email:

Tom Leyden



PGIP Progress Report

Due February 29, 2008

Accelerating the Adoption and Use of Electronic Prescribing Initiative

PLEASE REFER TO "READ THIS FIRST" TAB and COMPLETE "PO OVERVIEW" TAB BEFORE COMPLETING THIS REPORT. If one person is completing the entire Progress Report, **contact information should be entered in the "PO Overview" tab and will automatically appear below.** Otherwise, please use the fields below to enter information about the person completing THIS SECTION of the report.

Contact Info

Provider Organization Name		Sample PO	
Name of person completing this section	J. Smith	Phone Numbers (work/cell)	222-222-2222 333-333-3333
Email	jsmith@email.com	Date Completed	1/10/2008
Name of clinician lead for this Initiative			
Name of administrative lead for this Initiative			

Have you completed a <u>Self-Assessment</u> of your PO's current capabilities relative to this Initiative? (enter "X" in one box) [If yes, please attach the completed Self-Assessment to your email.]	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
Have you developed an <u>Implementation Plan</u> for this Initiative? (enter "X" in one box) [If yes, please attach the completed Implementation Plan to your email.]	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Implementation Plan Status (enter "X" in one box)	All Tasks & Steps on Target	All Tasks on Target	Delayed	In Jeopardy
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Implementation Plan Status is "Delayed" or "In Jeopardy", please briefly explain why				
<input type="text"/>				

Current activity:	Physicians submitting prescription orders electronically?	Number of prescriptions sent electronically?
<input type="text"/>	<input type="text"/>	<input type="text"/>

[Please attach e-prescribing vendor report]

Number

Percent

Highlight opportunities for improvement based on e-prescribing vendor reports provided to your PO

Briefly list strategies that you are using to improve adoption and use of e-prescribing

Briefly list any barriers encountered in implementing these strategies and plans to overcome barriers

Briefly list major accomplishments for this period

Briefly list methods you used this period to share and collaborate with other PGIP groups on this Initiative (e.g., meetings, teleconferences, webinars)

Questions about this section? Please email:

[Tom Leyden](#)

	PGIP Progress Report Oncology	Due February 29, 2008
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PLEASE REFER TO "READ THIS FIRST" TAB and COMPLETE "PO OVERVIEW" TAB BEFORE COMPLETING THIS REPORT. If one person is completing the entire Progress Report, **contact information should be entered in the "PO Overview" tab and will automatically appear below.** Otherwise, please use the fields below to enter information about the person completing THIS SECTION of the report.

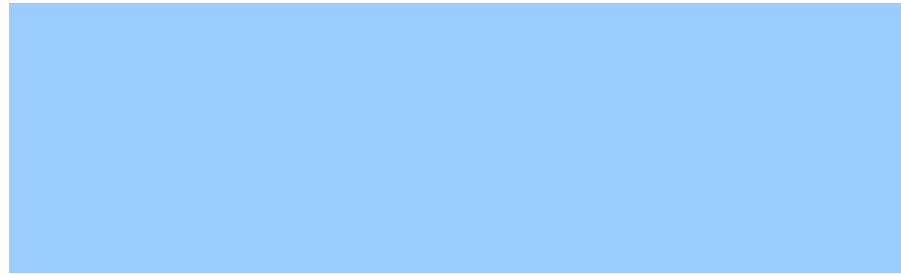
	Provider Organization Name	Sample PO		
Contact Info	Name of person completing this section	Phone Numbers (work/cell)		222-222-2222 333-333-3333
	Email	Date Completed		jsmith@email.com 1/10/2008
	Name of clinician lead for this Initiative			
	Name of administrative lead for this Initiative			
	Have you completed a <u>Self-Assessment</u> of your PO's current capabilities relative to this Initiative? (enter "X" in one box) [If yes, please attach the completed Self-Assessment to your email.]	Yes	No	
	Have you developed an <u>Implementation Plan</u> for this Initiative? (enter "X" in one box) [If yes, please attach the completed Implementation Plan to your email.]	Yes	No	
	Implementation Plan Status (enter "X" in one box)	All Tasks & Steps on Target	All Tasks on Target	Delayed
	If Implementation Plan Status is "Delayed" or "In Jeopardy", please briefly explain why			

Highlight opportunities for improvement based on American Society of Clinical Oncology, Quality Oncology Practice Initiative®* reports provided to your PO

Briefly list strategies that you are using to implement this Initiative

Briefly list any barriers encountered in implementing these strategies and plans to overcome barriers

Briefly list major accomplishments for this period



Briefly list methods you used this period to share and collaborate with other PGIP POs on this Initiative (e.g., meetings, teleconferences, webinars)



A large area defined by a dashed blue border, containing horizontal dashed lines that serve as a template for text entry.

*The Quality Oncology Practice Initiative (QOPI®) is a physician-led quality improvement program of the American Society of Clinical Oncology® for medical oncology practices. Practices participating in QOPI abstract medical records, submit data to a central database, and receive reports containing practice-specific data and national comparison data. Designation of an oncology practice or practitioner as a "QOPI participant" indicates that the practice has successfully completed QOPI data collection and received at least one data report. More information about QOPI, including the 50+ quality measures assessed through the program, is available at www.asco.org/QOPI. QOPI is a registered trademark of the American Society of Clinical Oncology.

[Questions about this section? Please email:](#)

[Tom Leyden](#)



PGIP Progress Report

Due February 29, 2008

Radiology Management Initiative

PLEASE REFER TO "READ THIS FIRST" TAB and COMPLETE "PO OVERVIEW" TAB BEFORE COMPLETING THIS REPORT. If one person is completing the entire Progress Report, **contact information should be entered in the "PO Overview" tab and will automatically appear below.** Otherwise, please use the fields below to enter information about the person completing THIS SECTION of the report.

Provider Organization Name

Sample PO

Contact Info

Name of person completing this section

J. Smith

Phone Numbers (work/cell)

222-222-2222

333-333-3333

Email

jsmith@email.com

Date Completed

1/10/2008

Name of clinician lead for this Initiative

Name of administrative lead for this Initiative

Have you completed a Self-Assessment of your PO's current capabilities relative to this Initiative? (enter "X" in one box) *[If yes, please attach the completed Self-Assessment to your email.]*

Yes

No

Have you developed an Implementation Plan for this Initiative? (enter "X" in one box) *[If yes, please attach the completed Implementation Plan to your email.]*

Yes

No

Implementation Plan Status (enter "X" in one box)

All Tasks & Steps on Target

All Tasks on Target

Delayed

In Jeopardy

If Implementation Plan Status is "Delayed" or "In Jeopardy", please briefly explain why

Briefly list strategies that you are using to improve radiology management

Briefly list any barriers encountered in implementing these strategies and plans to overcome barriers

Briefly list major accomplishments for this period

Briefly list methods you used this period to share and collaborate with other PGIP POs on this Initiative (e.g., meetings, teleconferences, webinars)



Questions about this section? Please email: [Sandy Reoma](#)



PGIP Progress Report **Due February 29, 2008**
Evidence-Based Care Tracking to Reduce Gaps in Care Initiative

PLEASE REFER TO "READ THIS FIRST" TAB and COMPLETE "PO OVERVIEW" TAB BEFORE COMPLETING THIS REPORT. If one person is completing the entire Progress Report, **contact information should be entered in the "PO Overview" tab and will automatically appear below.** Otherwise, please use the fields below to enter information about the person completing THIS SECTION of the report.

Provider Organization Name Sample PO

Contact Info

Name of person completing this section J. Smith **Phone Numbers (work/cell)** 222-222-2222 333-333-3333

Email jsmith@email.com **Date Completed** 1/10/2008

Name of clinician lead for this Initiative Otto Laryngology MD

Name of administrative lead for this Initiative Jim Handy

Have you completed a Self-Assessment of your PO's current capabilities relative to this Initiative? (enter "X" in one box) [If yes, please attach the completed Self-Assessment to your email.]

Yes	No
X	

Have you developed an Implementation Plan for this Initiative? (enter "X" in one box) [If yes, please attach the completed Implementation Plan to your email.]

Yes	No
X	

Implementation Plan Status (enter "X" in one box)

All Tasks & Steps on Target	All Tasks on Target	Delayed	In Jeopardy
		X	

If Implementation Plan Status is "Delayed" or "In Jeopardy", please briefly explain why

Our work to integrate pharmacy patient information into our patient registry has been delayed for 2 months as hospital leadership has reallocated resources working on this project. Sr. leadership from our PO are working with hospital leadership to get back on track.

Highlight opportunities for improvement based on BCBSM reports provided to your group

From the most recent EBCR, it appears that all our statin utilization rates have declined across the board.

Child/adolescent measures - the preliminary data received from BCBSM indicates these measures need particular attention.

Continued integration of pharmacy, lab and imaging patient information into our existing patient registries will help improve consistency. We continue to look at ways we can access inpatient information and incorporate into our patient registries.

Briefly list strategies that you are using to improve adherence to evidence-based guidelines

Statin use - we are looking into this issue and have scheduled a mandatory in-service designed to address issue and seek solutions. We are drilling down to the physician level detail, as some of these drops may be attributed to a practice group that recently joined our PO.

Child/adolescent measures - Scheduled web-ex calls with each of our clinics to make sure that they understand new EBCR measures - particularly child/adolescent. Currently reviewing American Academy of Pediatrics Immunization guidelines and incorporating into our practice.

Adding information about our patients preventive history (breast, cervical and colorectal cancer screenings, flu immunizations, etc.) into our patient registries.

Briefly list any barriers encountered in implementing these strategies and plans to overcome barriers

Other than the issue related to incorporating pharmacy data into registry (discussed above), no issues.

Number of initiatives we are working on at the same time. We continue to monitor workplans and resource allocations and reallocate as needed. Leads for each initiative have taken project management classes and inform exec leadership when projects run behind schedule.

Due to the focus in the past on improving diabetes care, we have made the least progress in the areas of heart failure and coronary artery disease. As we rely on our patient registries more and as more data becomes integrated, all diseases will receive increased attention.

Briefly list major accomplishments for this period

Have designated a clinician at each site to be responsible for monitoring EBCR and the rates for their physicians practicing at that site.



Implementing principles of care management into 2 pilot offices. Specifically, we have redesigned practice roles and responsibilities and are utilizing population management approaches. Developing care plans b/w patient and providers to optimize patient's health status.

Received NCQA Diabetes physician recognition award for 35 PO physicians, with an additional 10 physicians in review.

Briefly list methods you used this period to share and collaborate with other PGIP groups on this Initiative (e.g., meetings, teleconferences, webinars)

PO staff are participating in several BCBSM PGIP subcommittees including organizational function and pharmacy (Dr. Laryngology is chair). Additionally Dr. Laryngology serves on the PGIP primary care leadership committee.

Active discussion with several IPAs to build all-payer registries to identify gaps in patient care and provide outreach. Collaborating to build a global diabetic registry from their practice management systems that interfaces demographic and lab data.

Dr. Majors and team from Premiere Physicians made a site visit to our admin offices for 1/2 day meeting to learn more about our infrastructure, processes, and reporting of chronic disease measures. We invited all POs to visit our offices for similar discussions.

Questions about this section? Please email:

[Tom Leyden](#)



PGIP Progress Report

Due February 29, 2008

PC-MH: Patient-Provider Agreement Initiative

PLEASE REFER TO "READ THIS FIRST" TAB and COMPLETE "PO OVERVIEW" TAB BEFORE COMPLETING THIS REPORT. If one person is completing the entire Progress Report, **contact information should be entered in the "PO Overview" tab and will automatically appear below.** Otherwise, please use the fields below to enter information about the person completing THIS SECTION of the report.

Provider Organization Name

Sample PO

Contact Info

Name of person completing this section

J. Smith

Phone Numbers (work/cell)

222-222-2222

333-333-3333

Email

jsmith@email.com

Date Completed

1/10/2008

Name of clinician lead for this Initiative

Dr. A Doctor

Name of administrative lead for this Initiative

B. Lead

Have you completed a Self-Assessment of your PO's current capabilities relative to this Initiative? (enter "X" in one box) *[If yes, please attach the completed Self-Assessment to your email.]*

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

x

Have you developed an Implementation Plan for this Initiative? (enter "X" in one box) *[If yes, please attach the completed Implementation Plan to your email.]*

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

x

Implementation Plan Status (enter "X" in one box)

All Tasks & Steps on Target	All Tasks on Target	Delayed	In Jeopardy
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

x

If Implementation Plan Status is "Delayed" or "In Jeopardy", please briefly explain why

Briefly list strategies that you plan to use to implement this Initiative

We will work with POs C and D to develop a patient-provider agreement template. We will also develop an informational card that we will begin handing out to patients before they are asked to sign the agreement.

[Redacted]

Each physician will discuss the agreement with his/her patients during scheduled appointments and ask them to sign the document.

We will use email and phone calls to reach out to patients who have not been seen in our office within 12 months.

Briefly list any barriers you anticipate in implementing these strategies and plans to overcome barriers

[Redacted]

Some physician reluctance to raise topic with patients; plan to hold meetings, increase physician comfort level.

Briefly list major accomplishments for this period:

[Redacted]

Briefly list methods you used this period to share and collaborate with other PGIP groups on this Initiative (e.g., meetings, teleconferences, webinars)

[Redacted]

Held teleconference with POs C and D to discuss plans to collaborate on patient-provider agreement.

Questions about this section? Please email: [Margaret Mason](#)



PGIP Progress Report

Due February 29, 2008

PC-MH: Patient Registry

PLEASE REFER TO "READ THIS FIRST" TAB and COMPLETE "PO OVERVIEW" TAB BEFORE COMPLETING THIS REPORT. If one person is completing the entire Progress Report, **contact information should be entered in the "PO Overview" tab and will automatically appear below.** Otherwise, please use the fields below to enter information about the person completing THIS SECTION of the report.

Contact Info

Provider Organization Name		Sample PO	
Name of person completing this section	J. Smith	Phone Numbers (work/cell)	222-222-2222 333-333-3333
Email	jsmith@email.com	Date Completed	1/10/2008
Name of clinician lead for this Initiative		Dr. B. Doctor	
Name of administrative lead for this Initiative		C. Lead	
Have you completed a <u>Self-Assessment</u> of your PO's current capabilities relative to this Initiative? (enter "X" in one box) [If yes, please attach the completed Self-Assessment to your email.]	Yes	No	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Have you developed an <u>Implementation Plan</u> for this Initiative? (enter "X" in one box) [If yes, please attach the completed Implementation Plan to your email.]	Yes	No	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Implementation Plan Status (enter "X" in one box)	All Tasks & Steps on Target	All Tasks on Target	Delayed
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Implementation Plan Status is "Delayed" or "In Jeopardy", please briefly explain why			
Briefly list strategies that you plan to use to implement this Initiative	We will assess vendors and select one to support enhancement of our current registry.		

[Redacted]

Briefly list any barriers you anticipate in implementing these strategies and plans to overcome barriers

Briefly list major accomplishments for this period:

Briefly list methods you used this period to share and collaborate with other PGIP groups on this Initiative (e.g., meetings, teleconferences, webinars)

Participate in two teleconferences with POs Y and Z to discuss vendor options. Made site visit to PO G to learn about their xxx system.

Questions about this section? Please email: [Margaret Mason](#)



PGIP Progress Report

Due February 29, 2008

PC-MH: Performance Reporting

PLEASE REFER TO "READ THIS FIRST" TAB and COMPLETE "PO OVERVIEW" TAB BEFORE COMPLETING THIS REPORT. If one person is completing the entire Progress Report, **contact information should be entered in the "PO Overview" tab and will automatically appear below.** Otherwise, please use the fields below to enter information about the person completing THIS SECTION of the report.

Contact Info

Provider Organization Name

Sample PO

Name of person completing this section

J. Smith

Phone Numbers (work/cell)

222-222-2222

333-333-3333

Email

jsmith@email.com

Date Completed

1/10/2008

Name of clinician lead for this Initiative

Dr. K. Doctor

Name of administrative lead for this Initiative

J. Lead

Have you completed a Self-Assessment of your PO's current capabilities relative to this Initiative? (enter "X" in one box) [If yes, please attach the completed Self-Assessment to your email.]

Yes	No
x	

Have you developed an Implementation Plan for this Initiative? (enter "X" in one box) [If yes, please attach the completed Implementation Plan to your email.]

Yes	No
x	

Implementation Plan Status (enter "X" in one box)

All Tasks & Steps on Target	All Tasks on Target	Delayed	In Jeopardy
	x		

If Implementation Plan Status is "Delayed" or "In Jeopardy", please briefly explain why

Briefly list strategies that you plan to use to implement this Initiative

[Redacted]

Briefly list any barriers you anticipate in implementing these strategies and plans to overcome barriers

Briefly list major accomplishments for this period:

Briefly list methods you used this period to share and collaborate with other PGIP groups on this Initiative (e.g., meetings, teleconferences, webinars)

Questions about this section? Please email: [Margaret Mason](#)



PGIP Progress Report

Due February 29, 2008

PC-MH: Individual Care Management Initiative

PLEASE REFER TO "READ THIS FIRST" TAB and COMPLETE "PO OVERVIEW" TAB BEFORE COMPLETING THIS REPORT. If one person is completing the entire Progress Report, **contact information should be entered in the "PO Overview" tab and will automatically appear below.** Otherwise, please use the fields below to enter information about the person completing THIS SECTION of the report.

Provider Organization Name

Sample PO

Contact Info

Name of person completing this section

J. Smith

Phone Numbers (work/cell)

222-222-2222

333-333-3333

Email

jsmith@email.com

Date Completed

1/10/2008

Name of clinician lead for this Initiative

Name of administrative lead for this Initiative

Have you completed a Self-Assessment of your PO's current capabilities relative to this Initiative? (enter "X" in one box) *[If yes, please attach the completed Self-Assessment to your email.]*

Yes

No

x

Have you developed an Implementation Plan for this Initiative? (enter "X" in one box) *[If yes, please attach the completed Implementation Plan to your email.]*

Yes

No

Implementation Plan Status (enter "X" in one box)

All Tasks & Steps on Target	All Tasks on Target	Delayed	In Jeopardy

If Implementation Plan Status is "Delayed" or "In Jeopardy", please briefly explain why

Briefly list strategies that you plan to use to implement this Initiative

[Redacted]

Briefly list any barriers you anticipate in implementing these strategies and plans to overcome barriers

Briefly list major accomplishments for this period:

Briefly list methods you used this period to share and collaborate with other PGIP groups on this Initiative (e.g., meetings, teleconferences, webinars)

Questions about this section? Please email: [Margaret Mason](#)

	<h2 style="margin: 0;">PGIP Progress Report</h2> <h3 style="margin: 0;">PC-MH: Extended Access Initiative</h3>	<h2 style="margin: 0;">Due February 29, 2008</h2>
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PLEASE REFER TO "READ THIS FIRST" TAB and COMPLETE "PO OVERVIEW" TAB BEFORE COMPLETING THIS REPORT. If one person is completing the entire Progress Report, **contact information should be entered in the "PO Overview" tab and will automatically appear below.** Otherwise, please use the fields below to enter information about the person completing THIS SECTION of the report.

	Provider Organization Name	Sample PO		
Contact Info	Name of person completing this section	J. Smith	Phone Numbers (work/cell)	222-222-2222 333-333-3333
	Email	jsmith@email.com	Date Completed	1/10/2008
	Name of clinician lead for this Initiative			
	Name of administrative lead for this Initiative			
	Have you completed a <u>Self-Assessment</u> of your PO's current capabilities relative to this Initiative? (enter "X" in one box) <i>[If yes, please attach the completed Self-Assessment to your email.]</i>	Yes	No	
	Have you developed an <u>Implementation Plan</u> for this Initiative? (enter "X" in one box) <i>[If yes, please attach the completed Implementation Plan to your email.]</i>	Yes	No	
	Implementation Plan Status (enter "X" in one box)	All Tasks & Steps on Target	All Tasks on Target	Delayed
	If Implementation Plan Status is "Delayed" or "In Jeopardy", please briefly explain why	In Jeopardy		
	Briefly list strategies that you plan to use to implement this Initiative			

[Redacted]

Briefly list any barriers you anticipate in implementing these strategies and plans to overcome barriers

Briefly list major accomplishments for this period:

Briefly list methods you used this period to share and collaborate with other PGIP groups on this Initiative (e.g., meetings, teleconferences, webinars)

Questions about this section? Please email:

[Margaret Mason](#)



PGIP Progress Report

Due February 29, 2008

PC-MH: Test Tracking Initiative

PLEASE REFER TO "READ THIS FIRST" TAB and COMPLETE "PO OVERVIEW" TAB BEFORE COMPLETING THIS REPORT. If one person is completing the entire Progress Report, **contact information should be entered in the "PO Overview" tab and will automatically appear below.** Otherwise, please use the fields below to enter information about the person completing THIS SECTION of the report.

Provider Organization Name

Sample PO

Contact Info

Name of person completing this section

J. Smith

Phone Numbers (work/cell)

222-222-2222

333-333-3333

Email

jsmith@email.com

Date Completed

1/10/2008

Name of clinician lead for this Initiative

Name of administrative lead for this Initiative

Have you completed a Self-Assessment of your PO's current capabilities relative to this Initiative? (enter "X" in one box) *[If yes, please attach the completed Self-Assessment to your email.]*

Yes

No

Have you developed an Implementation Plan for this Initiative? (enter "X" in one box) *[If yes, please attach the completed Implementation Plan to your email.]*

Yes

No

Implementation Plan Status (enter "X" in one box)

All Tasks & Steps on Target	All Tasks on Target	Delayed	In Jeopardy

If Implementation Plan Status is "Delayed" or "In Jeopardy", please briefly explain why

Briefly list strategies that you plan to use to implement this Initiative

[Redacted]

Briefly list any barriers you anticipate in implementing these strategies and plans to overcome barriers

Briefly list major accomplishments for this period:

Briefly list methods you used this period to share and collaborate with other PGIP groups on this Initiative (e.g., meetings, teleconferences, webinars)

Questions about this section? Please email:

[Margaret Mason](#)